St. Louis Community College
Expanding Minds. Changing Lives.

Application for Graduation

Instructions

1. Complete the form
2. Sign the acknowledgement
3. Send completed form to graduation@stlcc.edu

Date: _____

Student Name: _____

Student Number: _____

Student STLCC Email Address: _____

Application for graduation term (summer, fall, spring): _____

What degree are you applying for? _____
(Options: Associate in Applied Science, Associate in Arts, Associate in Fine Arts, Associate in Science, Associate of Arts in Teaching, Certificate of Proficiency, Certificate of Specialization)

What major? _____

Catalog Term: _____

Diploma Name

Print your name EXACTLY as you want it to appear on the diploma:

First Name: _____

Middle: _____

Last: _____

Suffix: _____

Mail Diploma to:

Diplomas are mailed 4-6 weeks after commencement.

Name: _____

Address: _____

City, State, Zip: _____

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Student Acknowledgement

I have reviewed my degree audit to verify my eligibility for graduation. If there were any needs, I have discussed them with an academic advisor. I understand what I need to do to resolve any of my remaining graduation deficiencies. I understand if I fail to resolve all deficiencies that I will be removed from the graduation list. I understand that this application is only for the semester indicated above. If I wish to remove myself from the graduation list, I must email registrar@stlcc.edu to inform them of my intentions. If I need to change my semester of graduation, it is my responsibility to complete a new application. I have reviewed the graduation website which includes important information such as commencement dates, cap/gown information, and the graduation checklist.

Student Signature: _____

Registrar Use Only

High School Transcript: _____

College Transcript: _____

Number of Hours: _____

Pending in-Progress Course: _____

GPA Qualifies: _____

Initial Review Status: _____

Initial Review Date: _____

Final Review: _____

Final Review Date: _____

Reviewer Signature: _____